

SERIAL NUMBER <div style="text-align: center;">09/466,964</div>	FILING DATE <div style="text-align: center;">12/20/99</div>	CLASS <div style="text-align: center;">382</div>	GROUP ART UNIT <div style="text-align: center;">2721</div>	ATTORNEY DOCKET NO. <div style="text-align: center;">2207/7533</div>
--	--	---	---	---

APPLICANT

GAD S. SHEAFFER, HALFA, ISRAEL.

CONTINUING DOMESTIC DATA*** NONE MN
 VERIFIED

371 (NAT'L STAGE) DATA***
 VERIFIED

FOREIGN APPLICATIONS*** NONE MN
 VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 02/06/00

Foreign Priority claimed 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Verified and Acknowledged <u>Mike Nguyen</u> <u>MN</u> <small>Examiner's Initials Initials</small>	STATE OR COUNTRY <div style="text-align: center;">ILX</div>	SHEETS DRAWING <div style="text-align: center;">5</div>	TOTAL CLAIMS <div style="text-align: center;">22</div>	INDEPENDENT CLAIMS <div style="text-align: center;">5</div>
---	--	--	---	--

ADDRESS

JOHN C ALTMILLER
 KENYON & KENYON
 SUITE 700
 1500 K STREET NW
 WASHINGTON DC 20005-1257

TITLE

BUFFER PRE-LOADING FOR MEMORY SERVICE INTERRUPTIONS

FILING FEE RECEIVED <div style="text-align: center;">\$952</div>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
---	---	---